

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003740

FILED
Apr 22, 2009
Secretary of State

Entity Name: EXALTED WORD MINISTRIES, INC.

Current Principal Place of Business:

2808 S. KINGSWAY RD.
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

PO BOX 1699
SEFFNER, FL 33584

New Mailing Address:

FEI Number: 55-0827213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ELLIS, ANN
611 GAY RD.
SEFFNER, FL 33584 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ELLIS, RONALD L
Address: 611 GAY RD.
City-St-Zip: SEFFNER, FL 33584

Title: V () Delete
Name: ELLIS, ANN
Address: 611 GAY RD.
City-St-Zip: SEFFNER, FL 33584

Title: T () Delete
Name: LAWRENCE, RADY M
Address: PO. BOX. 547
City-St-Zip: ZEPHYRHILLS, FL 33539

Title: O () Delete
Name: ADETULA, OLADAPO
Address: 1231 ALPINE LAKE DR.
City-St-Zip: BRANDON, FL 33511

Title: S () Delete
Name: IGLESIAS, NANCY
Address: 4534 WEST PARIS STREET
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON ELLIS

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date